

Disabled Parking License Plates Application

MV2162 7/2003

APPLICANT SECTION

☐ Check if you would also like 1 Disabled Parking Identification Card.

Registration for Vehicle Owned/Leased by- Check one:

☐ Person with disability.

☐ Person who regularly attends person with disability. Print name and sign below.

☐ Employer who provides vehicle to person with disability. Print name and sign below.

☐ Trust whose beneficiary is person with disability. Complete and attach form MV2790. Sign below.

Please Print Clearly

Legal Name of Person with Disability - First, Middle Initial, Last	
Address	
City, State, ZIP Code	
Social Security Number	
Month, Day, Year You Were Born	<input type="checkbox"/> Female <input type="checkbox"/> Male
Driver License/Nondriver Identification Number - If none, write NONE	
Telephone Number Where You May be Reached 7 a.m. - 4:30 p.m.	

I have read the information on this form and understand the qualifications and provisions under which "Disabled" license plates may be issued. I authorize my health care specialist to supply the information requested on this form.

(Signature of Person with Disability)

(Date)

If you regularly attend the person with a disability, or are a leasing company or employer print name and sign:

Print Name
Signature

RELEASE OF NONEXEMPT INFORMATION

The Wisconsin Department of Transportation uses the information on this form to issue disabled parking identification cards and plates. Under open records laws, the Department must make nonexempt information available upon request. Do you want your name withheld from mailing lists of 10 or more individuals?

☐ Yes. This will remove your name from marketing lists.

☐ No.

Check one:

☐ I would like nonpersonalized Disabled plates.

☐ I would like personalized Disabled plates. (Complete the bottom of page 2)

HEALTH CARE CERTIFICATION

This must be completed and signed by any of the following health care specialists licensed to practice in any state: a physician, an advanced practice nurse, a chiropractor, a physician assistant licensed or certified, or a Christian Science Practitioner residing in Wisconsin.

Note: **Recertification is required every 4 years.**

Please Print Clearly

Name of Person Certifying Eligibility
Address
City, State, ZIP Code
Medical License Number
Area Code and Office Telephone Number

☐ YES ☐ NO Does the applicant's medical condition or disability prevent them from exercising reasonable and ordinary control over a motor vehicle? If the answer is YES, the applicant will be required to complete a knowledge, highway signs and road test. Any answer will not prevent the issuance of the plates/DIS ID card.

I certify that the applicant is **permanently** disabled according to the conditions specified on this form.

(Authorized Signature of Health Care Specialist)

(Date)

Personalized license plate

First Choice						
Meaning of First Choice						
Second Choice						
Meaning of Second Choice						
Third Choice						
Meaning of Third Choice						

Choose 1-6 characters. If you choose 6 characters, no spaces are allowed.

A	M	B	U	L	8
---	---	---	---	---	---

If you choose 5 characters, you may request up to 2 spaces between any of the characters. Indicate this request with diagonal lines as shown here.

I	/	M	/	A	B	L
---	---	---	---	---	---	---

Use capital letters or numbers. The letter O and the number zero are the same. The following are not acceptable: small letters, symbols, signs, hyphens, apostrophes, etc. Carefully distinguish between:

Letters L or I and Number 1
Letter S and Number 5
Letter G and Number 6
Letter Z and Number 2
Letter B and Number 8
Letter U and Letter V

Note: If requested personalized plate choices are not available, nonpersonalized Disabled plates will be issued.